

Name
in
Full

Lillie Ann Baynard.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Centreville</i> ^{Town}		<i>Queen Anne's</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>Oct.</i>	Day <i>21</i>	Years <i>18</i>	Months <i>1</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Centreville Md.</i>		
Occupation <i>none</i>			Where Residing if not at place of death —		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —			
Father's Name <i>Solomon Baynard.</i>			Father's Birthplace <i>Queen Anne's Co.</i>		
Mother's Maiden Name <i>Laura Jones</i>			Mother's Birthplace <i>Queen Anne's Co.</i>		
Name of person giving information <i>Solomon Baynard</i>			How related to deceased <i>Father.</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. F. Smith</i>
	Address <i>Centreville</i>
Accident or Suicide? <i>no</i>	<i>Md.</i>



Name
in
Full

Lehas Fredrick Bryson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

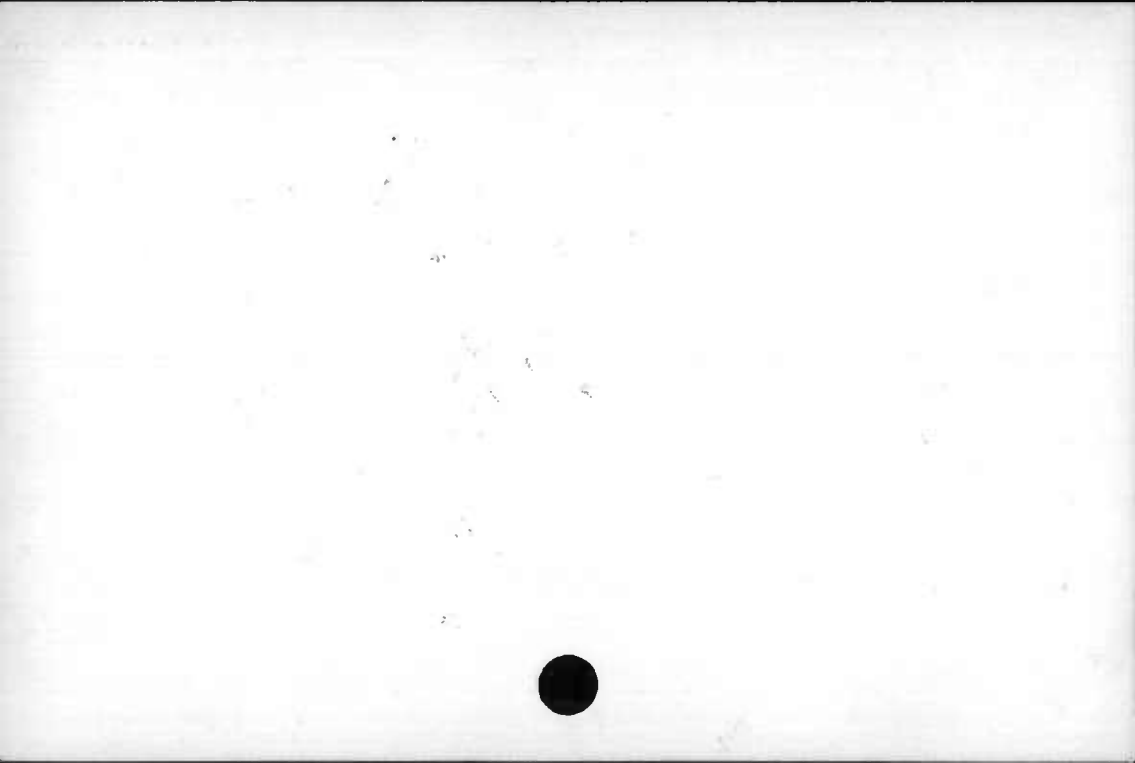
Died at		Town Centerville		County Queen Anne		MARYLAND	
Date of death		1908	Month 10	Day 3	Age 43	Months 1	Days 17
Sex Male		Color or Race Colored American		Birth-place Queen Anne Co			
Occupation Barber		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Margaret Fredricka Patter					
Father's Name Dmr Read		Father's Birthplace Dmr Read					
Mother's Maiden Name Emma Bryson		Mother's Birthplace Queen Anne Co					
Name of person giving Information Margaret F Bryson		How related to deceased Wife					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Kick in stomach by horse	How long	28 hours
Immediate	Shock	How long	28 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. M. York read MD	
Address		Centerville Md	
Accident or Suicide		Accident	



Name
in
Full

CERTIFICATE OF DEATH

Mary E. Carrow

Died at ^{Town} near Millington ^{County} Queen Anne

MARYLAND

Date of death 1908 Month 10 Day 25 Age 68 Years Months Days

Sex Female Color or Race White Birth-place Md

Occupation house Where Residing if not at place of death

~~Married~~, Single Widowed Name of Wife or Husband

Father's Name John Carrow Father's Birthplace Unknown

Mother's Maiden Name Lina Carrow Mother's Birthplace Unknown

Name of person giving information Wm. Jones How related to deceased Brother in Law

CAUSES OF DEATH

66

Primary Paralysis How long about six weeks Immediate

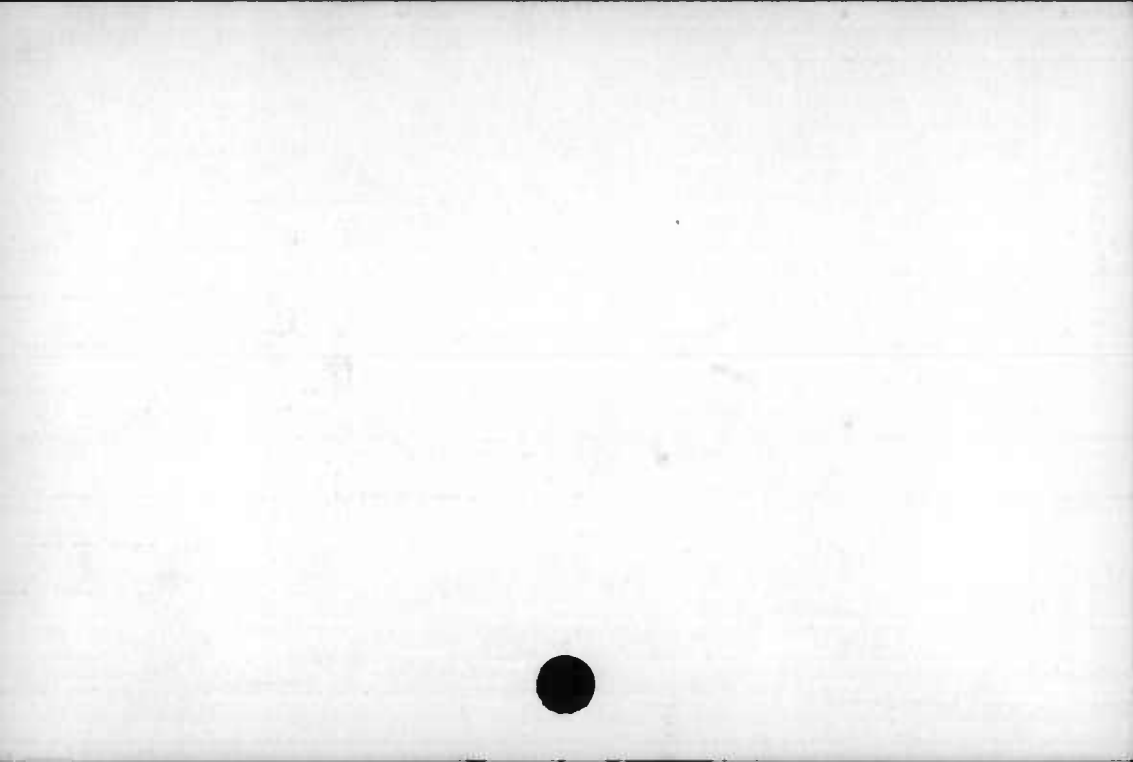
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr W H Jacobs

Address Millington Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

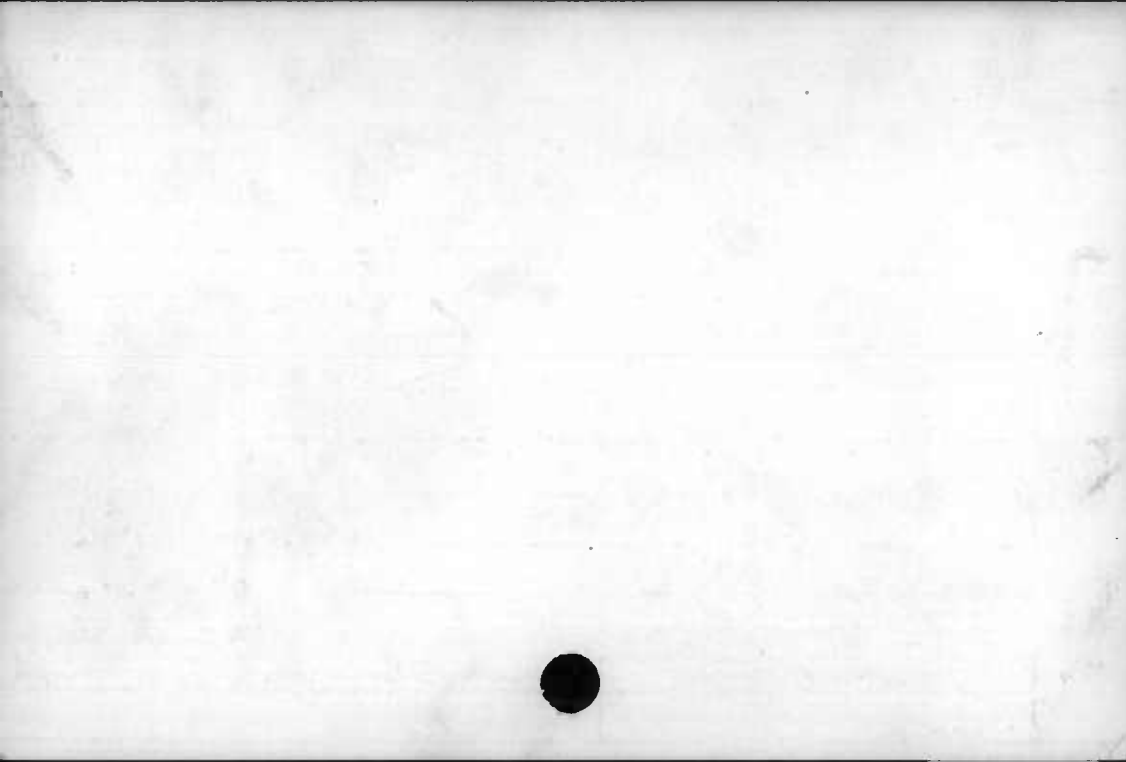
Died at <i>Ford's Store</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death	1908	Month	Oct	Day	24
Age	Years		Months	Days	
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>none</i>		Birth-place	<i>Ford's Store</i>	
Where Residing if not at place of death			<i>—</i>		
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband		
Father's Name	<i>John Chance</i>		Father's Birthplace	<i>I. A. Corns</i>	
Mother's Maiden Name	<i>Elizabeth Brown</i>		Mother's Birthplace	<i>W. Del</i>	
Name of person giving information	<i>J. E. Mansfield</i>		How related to deceased	<i>none</i>	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>From Birth</i>
Immediate	<i>Exhaustion</i>	How long	<i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Wm. J. Henry</i>	
		Address	
		<i>Stevensville, Md.</i>	
Accident or Suicide?			
<i>No</i>			



Name
in
Full

Same Greenock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Wanchlin</i>		^{County} <i>2 a</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Oct</i>	Day <i>14</i>	Years <i>38</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Refers</i>		Birth-place <i>2 a, Geo</i>		
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>Wanchlin</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Hennie Polk</i>				
Father's Name <i>John Greenock</i>	Father's Birthplace <i>2 a Geo</i>				
Mother's Maiden Name <i>Sallie Tilden</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Ed Polk</i>	How related to deceased				

CAUSES OF DEATH

26

PHYSICIAN
OR CORONER

Primary <i>Tubercular Laryngitis</i>	How long <i>Five months</i>
Immediate <i>Hæmorrhage</i>	How long <i>Two minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Rowland H. Ford</i>
	Address <i>Queenstown, Md.</i>
Accident or Suicide?	

Excerpt at
Winchester

Name
in
Full

Elizabeth Herbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

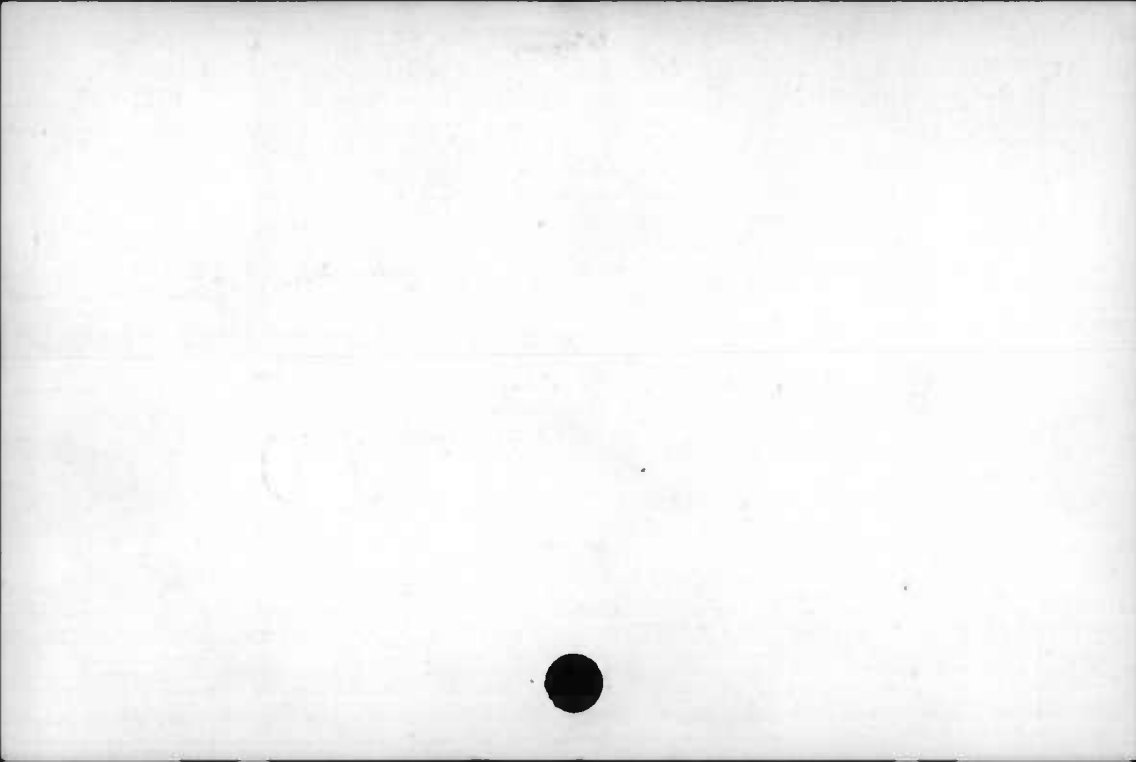
Died at <i>Stevensville</i> ^{Town}		<i>Queen Anne</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Oct</i> ^{Month}	<i>3</i> ^{Day}	Age <i>84</i> ^{Years}	<i>0</i> ^{Months}	<i>23</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto Co, Md</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>W B H Herbert</i>			
Father's Name <i>W B Binnix</i>			Father's Birthplace <i>Balto Md</i>		
Mother's Maiden Name <i>Elizabeth Morgan</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>W B Herbert</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Age</i>	How long	
Immediate	<i>General Debility</i>	How long	<i>Several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm J Henry</i>	
		Address <i>Stevensville</i>	
Accident or Suicide? <i>no</i>		<i>md</i>	



Name
in
Full

CERTIFICATE OF DEATH

Not Named Jackson
Town *Brownsville* County *Ch. Co.*

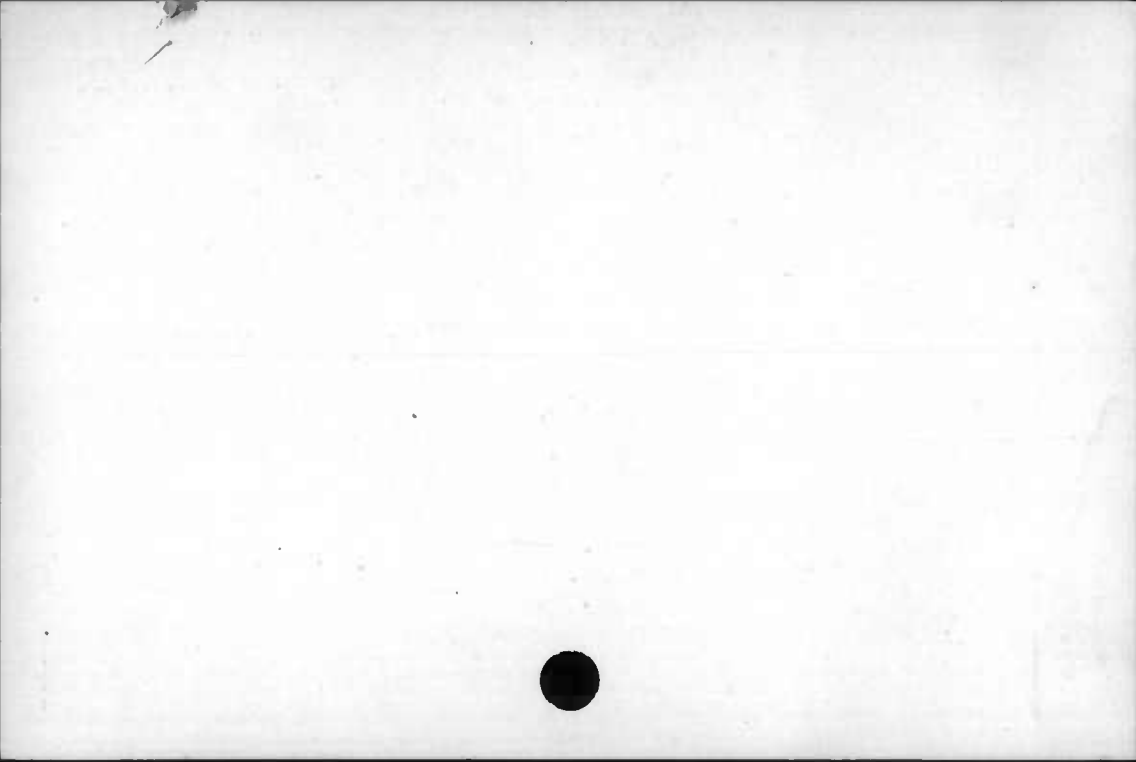
MARYLAND

Died at	Town <i>Brownsville</i>		County <i>Ch. Co.</i>			
Date of death	190 <i>8</i>	Month <i>Oct</i>	Day <i>25</i>	Age <i>—</i>	Years <i>—</i>	Months <i>1</i>
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place <i>Brownsville</i>
Occupation	<i>—</i>		Where Residing if not at place of death <i>Brownsville</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name	<i>Charles W. Jackson</i>				Father's Birthplace	<i>Brownsville</i>
Mother's Maiden Name	<i>Maryart Watkins</i>				Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Charles W. Jackson</i>				How related to deceased	<i>Father</i>

CAUSES OF DEATH

100

PHYSICIAN OR CORONER	Primary			How long	
	Immediate	<i>Furust</i>		How long	<i>1 day</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	<i>Yes</i>		<i>John W. Harmon</i>		
Accident or Suicide?		<i>No.</i>		Address <i>Seab Register</i>	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *L. Clara Johnson* - Town *near Pithersburg* County *Queen Anne* MARYLAND

Died at *near Pithersburg*

Date of death *1908 Oct.* Month *10* Day *1* Age *6* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Mad*

Occupation *-* Where Residing if not at place of death *-*

Married, Single or Widowed *-* Name of Wife or Husband *-*

Father's Name *Lewis Johnson* Father's Birthplace *Mad*

Mother's Maiden Name *Ella Riddle* Mother's Birthplace *Mad*

Name of person giving information *Lewis Johnson* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Exhaustion -* How long *One week*

Immediate *Exhaustion -* How long *-*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. S. Stone M.D.*

Address *Ridgely Md*

Accident or Suicide? *No*

1
Ruthbray

Name
in
Full

Myrtle Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

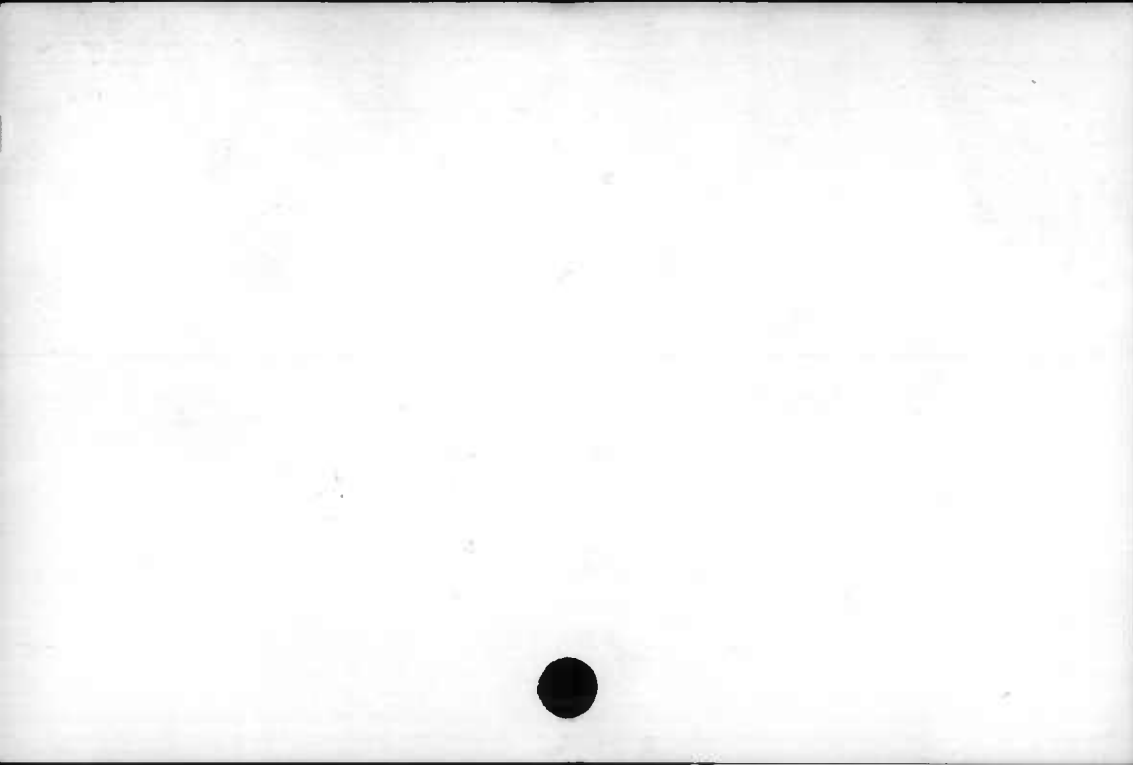
Died at <u>Stevensville</u> Town		<u>Q. A.</u> County		MARYLAND	
Date of death	190 <u>8</u> Month <u>Oct</u>	Day <u>28</u>	Age <u>11</u> Years	Months <u>8</u>	Days <u>24</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Kent Island</u>			
Occupation <u>School girl</u>	Where Reiding if not at place of death <u>Kent Island</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>John H. Lewis</u>	Father's Birthplace <u>K. I. Md</u>				
Mother's Maiden Name <u>Jennie Lloyd</u>	Mother's Birthplace <u>" "</u>				
Name of person giving Information <u>John H. Lewis</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>7 days</u>
Immediate <u>Meningitis</u>	How long <u>28 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas Kemp</u>
	Address <u>Stevensville Md.</u>
Accident or Suicide	



Name
in
Full

Marcy A. Norris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Queenstown</u>		Town		<u>D.A. Co</u>		County		MARYLAND	
Date of death <u>1908</u>		Month <u>Oct</u>		Day <u>16</u>		Age <u>75</u>		Years <u>9</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>St. Marys Co. Md.</u>		Months		Days	
Occupation <u>None</u>				Where Residing if not at place of death <u>D.A. Co.</u>					
Married, Single or Widowed		Name of Wife or Husband <u>Wm J. Norris</u>		Father's Name <u>Cornelius Kirby</u>		Father's Birthplace <u>St. Marys Co. Md.</u>			
Mother's Maiden Name <u>Elizabeth Carpenter</u>				Mother's Birthplace <u>St. Marys Co. Md.</u>					
Name of person giving Information <u>Capt. Solomon Foxwell</u>				How related to deceased <u>Brother-in-law</u>					

CAUSES OF DEATH

Primary	<u>Mitral Stenosis</u>	How long	<u>Eight months</u>
Immediate	<u>Cardiac failure</u>	How long	<u>Six hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Rowland C. Ford</u>	
		Address <u>Queenstown, Md.</u>	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Wilbur Hymson Neilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

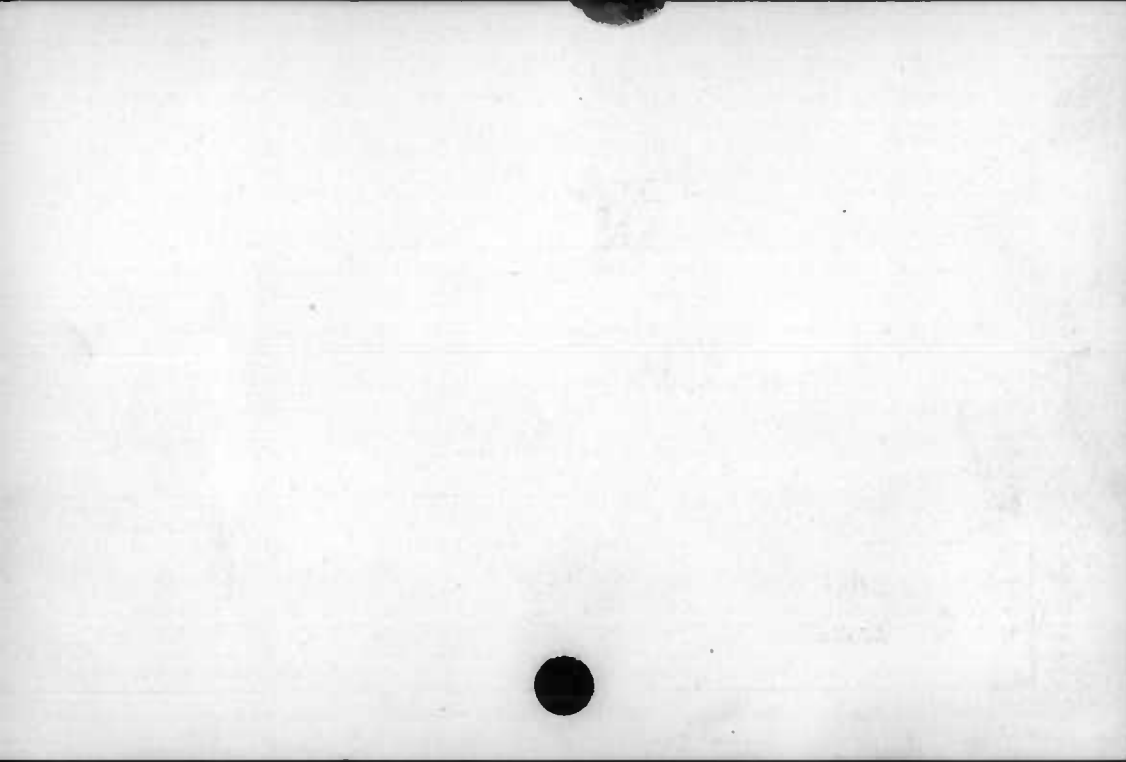
Died at <i>near Church Hill Queen Anne's</i>		Town <i>near Church Hill</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Oct</i>	Day <i>11</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Queen Anne's Co.</i>				
Occupation <i>—</i>	Where Residing if not at place of death <i>at place of death</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>Geo. J. Neilton</i>	Father's Birthplace <i>L. A. Co. Ind.</i>						
Mother's Maiden Name <i>William Henry Pennell</i>	Mother's Birthplace <i>L. A. Co. Ind.</i>						
Name of person giving information <i>Mary L. Dennis</i>	How related to deceased <i>Sister</i>						

CAUSES OF DEATH

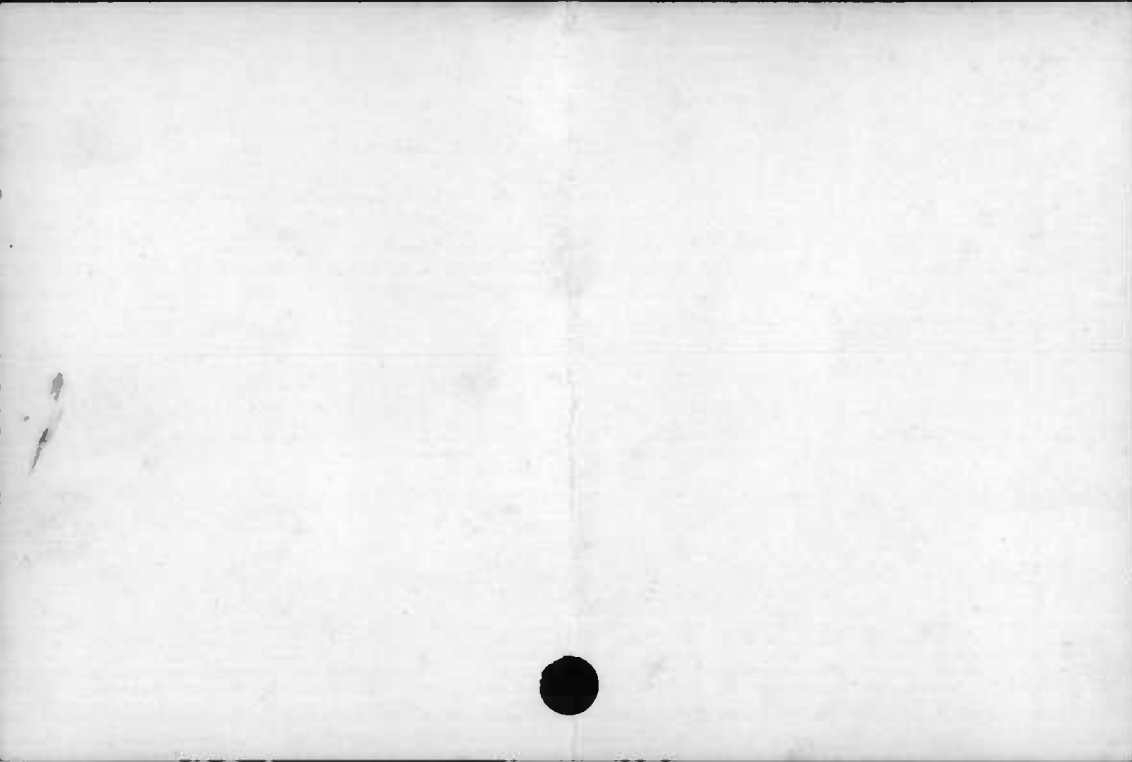
151

PHYSICIAN
OR CORONER

Primary <i>Immution</i>	How long <i>2 months</i>
Immediate <i>Asthenia</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. G. C. Coffey</i>
	Address <i>Church Hill</i>



Name in Full		CERTIFICATE OF DEATH								
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Barclay</i> <small>Town</small>			<i>Jarvis Anne</i> <small>County</small>			MARYLAND		
		Date of death <i>1908</i>		Month <i>10</i>	Day <i>11</i>	Years <i>30</i>	Months		Days	
		Sex <i>Male</i>		Color or Race <i>white</i>			Birth- place <i>MD</i>			
		Occupation <i>Agriculturist</i>			Where Residing if not at place of death <i>MD</i>					
		Married, Single or Widowed		Name of Wife or Husband <i>Annie M Wallace</i>						
		Father's Name <i>Joseph S Wallace</i>			Father's Birthplace <i>MD</i>					
		Mother's Maiden Name <i>Annie E Phillips</i>			Mother's Birthplace <i>MD</i>					
		Name of person giving In formation <i>Annie M Wallace</i>			How related to deceased <i>Wife</i>					
		CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Typhoid Fever</i>			How long <i>4 weeks</i>					
		Immediate <i>Hemorrhages</i>			How long <i>1 day</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>Foster Supply</i>					
					Address <i>Snickerville</i>					
		Accident or Suicide? <i>no</i>								



Name
in
Full

CERTIFICATE OF DEATH

Otto H. Werner

Town *Centerville* County *Queen Anne* MARYLAND

Died at

Date of death 190 *8* Month *10* Day *15* Age *62* Years Months *—* Days *23*

Sex *male* Color or Race *Anglo Sax* Birth-place *Altenberg S.A. Germany*

Occupation *Jeweler* Where Residing if not at place of death *Germany*

Married, Single or Widowed *married* Name of Wife or Husband *Wilhelmina Stalforth*

Father's Name *Franz Wilhelm Werner* Father's Birthplace *Altenberg S.A. Germany*

Mother's Maiden Name *—* Mother's Birthplace *Germany*

Name of person giving Information *Wilhelmina Werner* How related to deceased *Wife*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Asphyxia due to Low* How long *18 mnd*

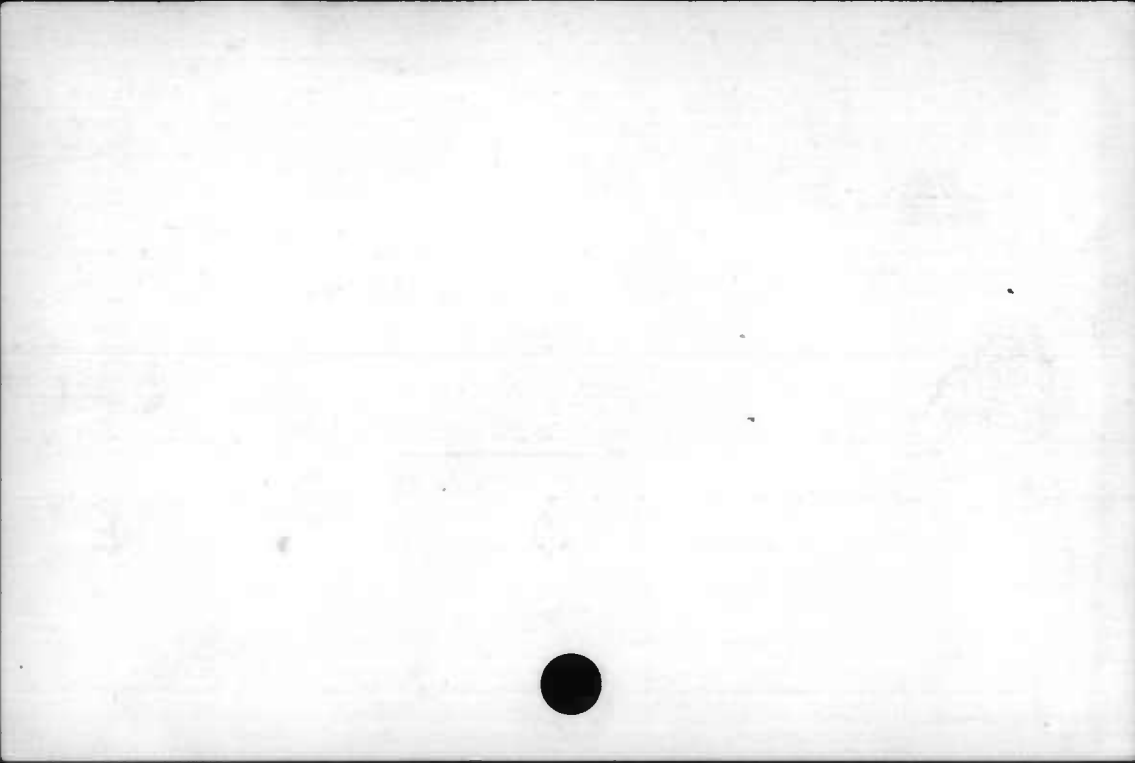
Immediate *Cerebral Hemorrhage* How long *20 hours*

Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *Wm. S. S. S. S.* Address *Centerville*

Accident or Suicida *Yes*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

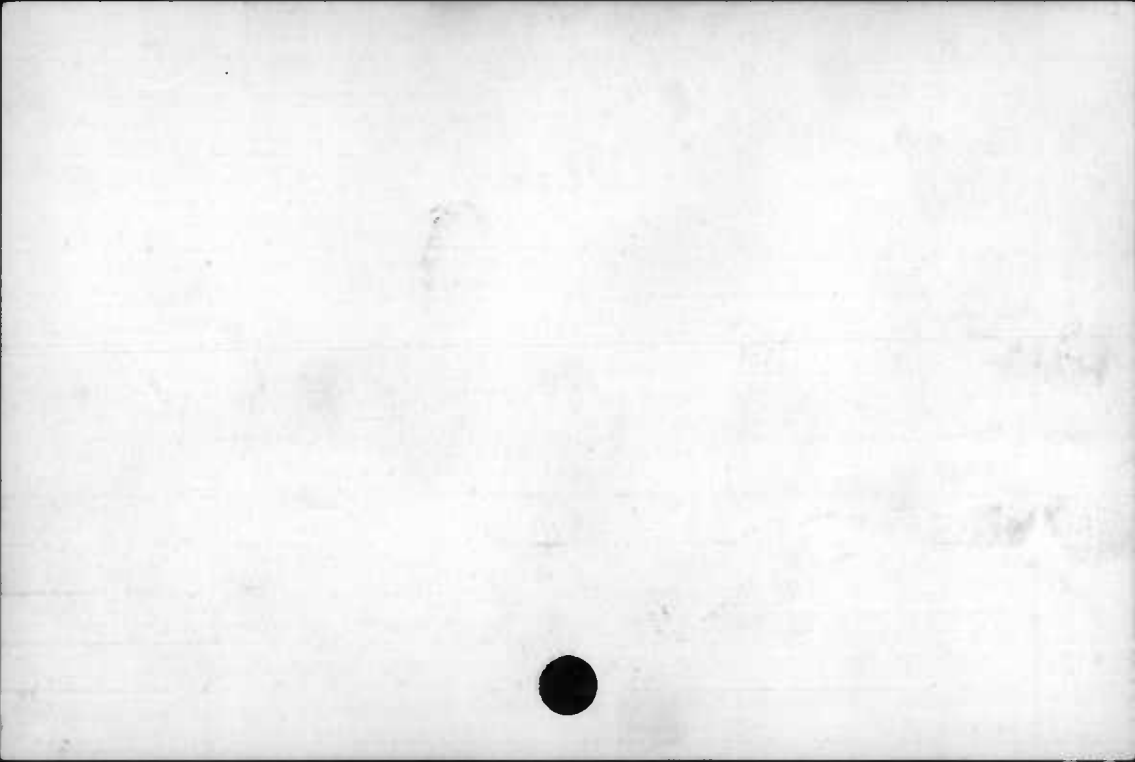
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chloro</i> ^{Town}		<i>Queen Anne's</i> ^{County}		MARYLAND	
Date of death	<i>1908 Oct</i>	<i>7</i> Day	Age	<i>3</i> Months	<i>20</i> Days
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Queen Anne's Co</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Charles S. Milleson</i>		Father's Birthplace <i>Queen Anne's Co</i>	
Mother's Maiden Name		<i>Berna Roebuck</i>		Mother's Birthplace <i>Virginia</i>	
Name of person giving information		<i>Chas S Milleson</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Ab. Colitis</i>	105 How long	<i>10 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 hr</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. S. Dudley</i>	
		Address <i>Chesck Hill</i>	
		<i>Maryland</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

Alice Mary Wye

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Centerville</i>		Town <i>Centerville</i>		County <i>Prince Anne</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>10</i>	Day <i>5</i>	Age <i>2</i>	Years <i>2</i>	Months <i>4</i>	Days
Sex <i>Female</i>		Color or Race <i>African</i>		Birth-place <i>Near Centerville Md</i>			
Occupation <i>Maam</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>J. G. Wye</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Alice Wye</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>J. G. Wye</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Enteric Colitis</i>	How long <i>11 days</i>
Immediate <i>Auto. Infection</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Monroe W. ...</i>
	Address <i>Centerville Md</i>
Accident or Suicide? <i>no</i>	

(101)

